

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-020807

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

209

Primary Registration District No.

3043

Registrar's No.

192

FILED JUN 6 1963

1. PLACE OF DEATH

a. COUNTY

Marion

b. CITY (if outside corporate limits, give TOWNSHIP only)
OR
TOWN HannibalLength of stay in 1b
40 yearsc. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Elizabeth HospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Marionc. CITY
OR
TOWN HannibalInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 819 LindellReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
CORAMiddle
F.Last
SELLECK4. DATE
OF
DEATH

Month

Day

Year

May 29, 1963

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10/4/82

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (City and state or country)

Ralls County, Mo.

12. CITIZEN OF WHAT COUNTRY

United States

13a. FATHER'S NAME

Anderson Leake

13b. MOTHER'S MAIDEN NAME

Frances O'Brien

14. NAME OF HUSBAND OR WIFE

Jess Allen Selleck

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Hannibal, Mo.

888 Mrs. O. W. Rouse, 1520 Park Ave.

18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

INTERVAL BETWEEN
ONSET AND DEATH
24 hrsConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Bronchio pneumonia

24 hrs

DUE TO (c)

Congestive heart disease

yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

Hannibal Marion Mo

21. I attended the deceased from

5/27/63

to

5/29/63

and last saw her

alive on 5/29/63

Death occurred at

9:12 a.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

J. W. Weller, M.D.

1209 Broadway, Hannibal, Mo.

5/29/63

22d. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

May 31, 1963

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

23d. LOCATION (City, town, or county)

Hannibal, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Spch. February, Hannibal, Mo.

May 31, 1963

Atty. E. M. Luche by Lillian

M. Herman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0648

2 0648

3

4 1

5 2

6

7 0

8 2

9 434.1

10

11

12 2-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jack Sliwinski

Licensed Embalmer No. 4900

P. O. Address

Hannibal Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 5/31/63